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TUMORS IN THE PAROTID REGION.

[Communicated by Dr. J. M. WARREN to the Boston Society for Medical Improvement, April 13th, 1857.]

THE tumor, of which the accompanying colored drawing made by Dr. L. M. Sargent, artist to the Hospital, is a representation, was removed three weeks since, and the patient has now nearly recovered. Its origin dated twenty years back by a small swelling in front of the left ear, gradually enlarging, and finally possessing itself of part of the cheek, so as to cover the ramus and angle of the jaw. It was lobulated, soft, but not fluctuating; it had never given him any pain, but was inconvenient from its size and appearance. The patient had avoided an earlier resort to an operation, probably from having been informed eighteen years ago by a medical man, that its removal would cause his death.

The dissection was accomplished without much bleeding, and without injury to any important organ. The parotid gland at the upper part of the tumor was not to be distinguished, as if it might have been removed by absorption; remains of it, however, could be seen at the lower part of the wound, where it extended on to the neck.

The interesting part of the tumor, apparently so innocuous in its character, is the appearance discovered by the microscope, of which the following is the description by Dr. Ellis. "The tumor from the parotid region was composed of large cells, of every conceivable shape, containing large nuclei and nucleoli. They were such as are found in the most malignant tumors. The power used was 382 diameters; Næchet." A section of the tumor was like that of a ripe apple or pear, the central portion occupied by a cavity filled with a gelatinous substance somewhat like coagulated blood.

In regard to the tumors usually found in this region, they either originate in a small gland placed over the parotid, or imbedded in its substance, or are placed under its lower or free edge, which is expanded to form a coating over the tumor, making it necessary to dissect through that portion of the expanded gland before the

tumor is reached. These tumors are generally innocuous, and are removed without great risk, although they are almost always extremely vascular. So far as my experience goes, the tumors of the parotid itself are affections of a serious character, often of a malignant nature, and generally scirrhus.

As to the practical question which is often raised, whether the gland can be removed without the ligature of the carotid, the result of my experience is this. The parotid gland has been removed by me in six instances, which are given below; three for scirrhus disease, one for erectile tissue, one for melanosis, and one for hypertrophy; in none of these was the great artery tied. The experiment of dissecting out the parotid gland in the dead subject has been frequently made by me, and with a little care this can be done in most instances, leaving the great vessels behind, although sometimes a small backward-projecting bit of the gland is left, and this has been observed to escape disease. But in scirrhus affections, where the gland undergoes a gradual induration, the vessels are frequently pushed backward, as they were in one or two of the cases here given. The above observation is confirmed by my friend and colleague at the Hospital, Dr. Gay, who made similar dissections on the dead body to ascertain this point.

In a case mentioned by Dr. J. C. Warren the carotid was cut at the end of the operation, and the jet of blood struck the wall. The vessel was secured, the carotid being compressed below, and the patient did well. In a second case for the removal of a scirrhus parotid, in which I assisted Dr. W., the carotid was divided and tied. Three days after, as the patient was straining at stool, the vessel gave way, and the blood struck the ceiling. He almost at once fainted, and the friends were fortunately sufficiently cool to place a sponge in the wound, and to check the flow partially. I was called, and at once cut down upon the carotid in the neck, tied it, and stopped the further effusion of blood. Bérard, in his monograph on this subject, mentions many instances of removal of this gland without ligature of the carotid.

The following cases, one of which has already been published in this Journal, are interesting as illustrative of the above facts, and also from some peculiarities in the nature of the tumors themselves.

CASE I.—A young married woman entered the Hospital in April, 1847, with a tumor of the parotid gland of one year's duration. Eight years previously she had a tumor below and behind the right ear, which was very hard and occasionally painful; the integument was not discolored. At the end of four years, having attained the size of a robin's egg, it was removed. The wound, she thinks, never cicatrized; and in four months, the tumor having re-appeared in the midst of the scar, was again removed. Its character was similar to the preceding, with the exception that the

surface was nodulated. The wound healed as usual, but the cicatrix remained very red. The present tumor began to form about a year since in the same place, and is now as large as a pullet's egg, projecting an inch, with a surface nodulated and red. Commencing below the ear, it proceeds upward and forward to about half an inch in front of the meatus.

On the first day of May, the patient being etherized, the diseased mass was surrounded by an elliptical incision. From the situation of the disease the dissection was made very slowly, requiring nearly an hour for the operation. At the lower part was a firm adhesion to the fibres of the sterno-mastoid, a portion of which muscle was removed. At the upper part it was necessary to carry the dissection down to the articulation of the jaw, below and behind the angle of which the disease descended deeply, rendering necessary the exposure of the tendon of the digastricus. On raising the tumor to continue the deep dissection, violent efforts at vomiting, difficulty of breathing, and convulsive retchings from the traction exercised on the deep nerves came on, so that it was necessary to desist, and destroy the small portion of the base of the tumor with the hot iron. A few ligatures were applied, and the wound, measuring three inches and a half vertically by two transversely, was covered by a wet cloth. The growth measured vertically three inches. The face was more or less paralyzed after the operation.

This lady was discharged from the Hospital on the 18th of June, all the disease being apparently removed, and the whole wound reduced to a diameter of one third of an inch. In the middle of September following a letter was received, saying that the patient remained well, and the wound was healed.

CASE II.—A robust, hearty-looking man belonging to the State of Maine, about 34 years old, consulted me for a tumor in the right parotid gland. Twenty years before a tumor had been removed from the same situation, which soon re-appeared as a small, hard tubercle under the ear. After remaining stationary fifteen years it increased, till at the time of his visit it had attained the size of a hen's egg, was of a bluish color, lobulated, and having a hard base surrounded by small cysts, pushing upward the lobe of the ear, and extending inward so as to involve the lower half of the parotid gland. Upon consultation, it was thought best to attempt its removal without ligature of the carotid.

The patient being under the influence of ether, the tumor was removed by a very slow and careful dissection; its base had undergone osseous degeneration, and involved the facial nerve, causing a paralysis of his face. In a week he was able to return home.

CASE III.—The patient was a farmer, 52 years old. Twenty-five years ago a tumor made its appearance in front of the ear. This imperceptibly increased, giving him no pain or inconvenience

until two months since, when it was injured by a blow, and since then has rapidly increased in size. The night after the blow, he perceived that there was some insensibility in the skin in front of the tumor. For some time past he has been unable to close the right eye. "Now, there is an oval, prominent, even, well-defined tumor in front of the right ear, overlying the ramus of the lower jaw, and occupying the position of the parotid gland. Its long axis is parallel with a line drawn from the angle of the jaw to the external angle of the orbit. Its greatest length is three inches, width two inches. Upper margin is on a level with the angle of the eye; lower margin with the angle of the jaw; posterior is overlapped by external ear. Integument is movable; not discolored. Tumor is of firm consistence; not tender on pressure; not attached to bone, yet but slightly movable. Does not move with lower jaw; cannot be felt in mouth. There is much numbness of cheek in front, and a dull, but not severe pain in the tumor itself."

—(*Hospital Record.*)

When the patient entered the Hospital, one or two glands in the neighborhood of the tumor were enlarged, apparently from the effect of some irritating application he had made for the purpose of discussing it. Under treatment, these, with one exception, disappeared. He was extremely desirous of having the tumor removed, and on a consultation of the surgeons it was decided that the attempt should be made.

The patient being etherized with chloric ether, an incision was made from just above the superior border of the tumor to a little below its inferior part. This was crossed by another incision commencing at the mastoid process, and terminating on the cheek. The fibrous capsule of the gland was now cut into, and the tumor gradually loosened by dissecting carefully around its circumference. Its adhesions were so close, and the texture so firm, that it was found impossible to proceed but with great caution; the vessels that were divided under the edges of the tumor being secured with much difficulty. The tumor was first loosened from its attachment to the zygomatic process, then dissected from the masseter muscle, the transverse facial artery and the parotid duct being cut away at this stage of the dissection. It was next detached from its firm adhesions to the sterno-mastoid muscle and mastoid process, and its adhesions to the ear cut off. Finally, by means of the blade and handle of the knife it was separated, from before backward, from the great artery and vein which lay imbedded in its posterior wall, the latter being cut and tied. Four or five arteries required ligatures. An enlarged gland in the neighborhood was removed separately from the tumor.

The mouth was found paralyzed after the operation. The eye, which the patient was unable to close before, either in sleep or when awake, was found, a few days subsequent to the removal of

the tumor, to drop down so as partially to cover the eyeball when he was asleep.

An examination of the tumor, after its removal, showed it to be the parotid in a scirrhus state, the microscope disclosing an abundance of cancerous cells; with it was included a lymphatic gland imbedded in its lower and under portion.

The presence of the parotid duct and the facial nerve in the tumor now shown, together with its anatomical relations, left no doubt as to the organ diseased.

CASE IV.—*Melanotic Disease of the Parotid Gland.* C. L., a seaman from Maine, unmarried, 25 years of age, entered the Hospital in 1852 with a melanotic tumor. For three years previous he had had a small black fungus upon the right cheek in front of the ear, and about a year previous the glands of the neck became somewhat irritated.

At the time of his admission there was an irregular, lobular tumor, the upper part of which was surmounted by a black fungus as large as a walnut, occupying the right parotid region, where it was slightly movable, but descending below and behind the angle of the jaw, where it was immovable.

The patient being under full etherization, the tumor was surrounded by an elliptical incision, and the dissection commenced. Blood, however, followed every stroke of the knife, and poured from the whole surface of the tumor, so as only to be checked, and the further prosecution of the operation allowed, by applying the freezing mixture and constant compression of the carotid. After the removal of some easily detached portions, by the advice of the surgeons present the operation was finally terminated by transfixing it at the base with a very strong double ligature, and tying it in two segments. Previously to this many ligatures were placed on bleeding vessels, and the hæmorrhage was very large; in short, wherever the tumor was cut or broken, a great amount of thick granular fluid, of a jet black color, flowed out.

Upon partial recovery from the effects of the ether, hæmorrhage from the tumor continued to such an extent as to render it necessary to again encircle the base by a strong ligature. The tumor ultimately returned.

CASE V.—A married man from Nova Scotia, 58 years of age, entered the Hospital in April, 1854, with a parotideal tumor of twenty-six years' standing. This tumor was situated on the left side, and came on without any known cause. It extended downward, lifting up the lobe of the ear, partially closing the meatus, and causing some deafness. The integument over it was injected, but not adherent. The pain for a short time had been severe, preventing sleep. It was considered of so formidable a character, that the surgeons to whom he had applied declined interfering with it.

The patient being etherized, the tumor was removed by a crucial incision through the skin, followed by a careful dissection, and was terminated without the ligature of the carotid artery. The hæmorrhage was very free, and the dissection could only be prosecuted by stopping from time to time, and applying the freezing mixture, so as to allow an inspection of the parts to be divided. It was found to consist of hypertrophied glandular tissue.

In a short time he was discharged well, and when heard from on Nov. 6th, 1856, he was in good health.

CASE VI.—Mrs. B., 37 years of age, applied to me in the month of November, 1853, with a tumor occupying the seat of the parotid gland. It had appeared first two years since in front of the ear, and in its increase had extended downward and under the ear, lifting up the lower part of that organ. It was a little movable, and did not project much from the surface beyond the surrounding parts. It appeared firmly attached below, was somewhat lobulated, and imparted a sense of elasticity to the touch. Her father died of cancer.

The tumor was exposed by a careful dissection, but on its investments being cut into, a granular matter like cancer exuded from it, and the hæmorrhage was very violent, welling up as if from the carotid, or some very large vessel. It was therefore found necessary to terminate the operation by the ligature en masse, as in the case of the melanotic affection.

The disease, examined under the microscope by Dr. Shaw, exhibited well-marked cancer-cells.

The subsequent history of the patient was not learned.

OXIDE OF ZINC FOR PROFUSE SWEATS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I was very glad to see, in your Journal of yesterday, Dr. Abbot's report of cases of "Oxide of Zinc in Night Sweats," and I hope that, like so many pictorial illustrations, they may tend more fully than a general statement of the fact to impress upon the medical public the great value of this remedy as a means of treating a most exhausting and uncomfortable symptom. Dr. A. refers to my having spoken of it at the meetings of the Medical Society; I have done so several times during the last two years, about which time I first saw it alluded to in Braithwaite's Retrospect, and I have also frequently mentioned it, as I have had an opportunity, to physicians out of town as well as in town. From my personal knowledge of the remedy, I felt it to be my duty to do so, that it was due to suffering humanity; for I fully subscribe to the strong language in which Dr. A. recommends it. During the last year I have been in attendance at the Hospital eight

months; and, as there has been an unusually large number of cases of phthisis, I have had most ample opportunities to test the powers of the zinc; and the result has fully confirmed the impressions that I received of it the previous year. It was given freely whenever there was perspiration enough to require treatment, and without any regard to the stage of the disease. Seven grains were given in substance, and generally at bed time, but in the course of the day if required; the dose being repeated in three or four hours if necessary. Sometimes ten grains were given; and I never heard the slightest complaint of any unpleasant effect from it. The medicine was given alone; and if it has any efficacy in checking perspiration, and on the other hand produces no disturbance of the system, I see no reason why anything should be added to it. Conium and hyoscyamus I have often used in various forms of disease, and in quite as large doses as they are generally used; and I have thought that bread pills would have done as much. When we are testing a new remedy, at least, it would seem best to give it in as simple a form as possible.

My object in this communication is not merely to add my testimony to that of Dr. Abbot, but to say that perspiration may probably be successfully treated by the zinc when it occurs in other diseases as well as in phthisis. It may have been so used; but if so, I have not seen any statement to that effect. Seeing no reason why it should not be so used, I prescribed it in two cases at the Hospital during the past winter, and in both of them with very marked effect. The first was that of a healthy man who was convalescing from intermittent fever; he perspired very copiously for two or three nights successively, and, having reported the fact, said that from his previous experience he knew he should have a return of his paroxysms if the symptom was not stopped. The zinc was directed, and it was stopped from that time. Secondly, a strong, healthy man, under an attack of acute rheumatism, had the profuse perspiration that so often accompanies this disease. It is well known that the patient gets no relief from this symptom; and he certainly suffers enough when his wet clothes are being removed. It seemed to be a fair case, then, for a trial of the zinc, and it was directed. The perspiration was very greatly diminished; and without any unpleasant effect, of which there certainly might have been some apprehension; the joints were no more affected, nor was the heart, of which last there had been some disturbance early in the disease. I have also seen perspiration checked under its use in a case of cancer of the womb.

The sulphate of zinc, to which Dr. Abbot refers, I have never used, nor have I heard any one here speak of it from personal experience, as a remedy for perspiration. It certainly would be proper to try it when the oxide fails, which it does, however, very rarely. As to the other means of treating the symptom in question, I have

failed so often with sulphuric acid that I have not used it for a long time; and I certainly intended to use it in sufficient doses. The rubbing over the surface of the body with oil or a solution of alum would, I should think, be a pretty severe penance in many cases of phthisis; though I am aware that both these means have been successfully used here.

Trusting that the oxide of zinc will be fairly tried by the profession as it has been recommended,

I remain yours, respectfully, J. B. S. JACKSON.
Boston, May 1st, 1857.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

APRIL 13th.—*Tumor from the back of the Head.* Dr. J. M. WARREN showed a very curious tumor, about the size and shape of the pancreas, removed from the head of a man 65 years old. It had been growing ten years, and adhered firmly to the scalp and periosteum. On being cut into, it presented a collection of cysts. The following is the report, by Dr. ELLIS, of the microscopical appearances. "The fragment of the tumor from the head consisted of a fibrous membrane, epithelium and amorphous material. The fibres of the first were quite coarse, and did not present the wavy or curled appearance of most of the fibrous tissues of the body. There were two varieties of epithelium, the cells of one being of medium size, rounded or oval, and showing a large, distinct nucleus after the addition of acetic acid. These lay in immediate contact with the membrane. The cells of the other variety were large, flattened, and more or less irregular. They made up the dull white portion, and are such as are seen in sebaceous tumors. The glue-like mass was amorphous, and contained a little cretaceous matter." This man also had on the top of his head two of the common encysted tumors of the scalp, which were removed at the same time with the other tumor.

The patient also says that, twelve years since, a tumor of a similar appearance was removed from the front part of his wrist. Shortly afterwards a fungus sprang out from that spot, and he now has, overlying the integuments of the fore-arm, a fungoid tumor of the size of a small tomato, which has a constant purulent secretion from it. It gives him no pain, and the only inconvenience he experiences is from the friction of the clothes over it when he uses his arm. As he thinks his health has improved since the appearance of this tumor, he declines having it interfered with at present.

APRIL 13th.—*Compound Comminuted Fracture of the Leg; Anterior Tibial Artery cut off; Delirium Tremens; Erysipelas; Amputation.* Dr. J. M. WARREN reported the case, and showed the bones of the leg partially united. The patient, two months before, was brought into the Hospital with a fracture of the leg, the anterior tibial artery being cut off by the sharp edge of the broken tibia. Compression checked the

hemorrhage. The patient was seized with delirium tremens, and threw the leg about in every direction during the paroxysms. Erysipelas came on, followed by deep-seated abscesses. By means of the most unremitting care of the limb, and good diet, with the allowance of half a pint of spirit in the twenty-four hours, the patient revived; and at one time, by giving free exit to the pus, the abscesses as they collected being laid open largely, it was hoped that the limb might be saved. Complete serous and purulent infiltration, however, ultimately came on, requiring amputation, which was practised just above the knee. On examination of the bones, the appearances presented were instructive. The fractured fibula had united two inches above the fracture of the tibia. Two inches of the upper fragment of the tibia was denuded, and the end presented a sharp cutting surface. From the upper end of the lower fragment, two arms of bone were thrown out, embracing the lower one just above the denuded part. Thus a slight support had been established, which perhaps would have become strengthened in time, if it had been possible to have brought the soft parts into a sufficiently healthy condition to have allowed of resection of the denuded bone.

APRIL 13th.—*Complete Absence of Vagina and Uterus.* Dr. J. MASON WARREN related the following very remarkable case, which had lately fallen under his notice. A patient was sent to him by a medical friend, Dr. Lane, supposed to have an occlusion of the vagina. She was 25 years of age, well developed, about five feet two or three inches in height, and had been married four years. She had never menstruated; and in this connection it might be mentioned, that her mother did not menstruate till the age of 21, after she had been married one or two years.

On examination, Dr. W. found what at first appeared to be a very small vagina, which would only admit, with much suffering to the patient, the little finger. The sensation imparted was as if the finger had passed through the tissue of an old cicatrix. Supposing this to be the vagina contracted from some inflammatory process, which had occurred at an early period of life, she was advised to go into the Hospital for further investigation. Having entered this institution, after the lapse of a few days the patient was etherized previous to an examination, both to save her feelings on the score of delicacy, and also to allow of any surgical operation, if one should be deemed necessary.

On inspection the breasts were found to be well developed. The external organs of generation, the clitoris, nymphæ, &c., were normal: there was hair on the pubes. In the situation usually occupied by the vagina was an aperture large enough to admit the little finger, leading to a cul de sac beyond. No urethra could be found; and this aroused suspicion as to the true nature of the case. The finger was now passed into the canal, and the other hand being placed on the external walls of the abdomen, it was evident that both coverings, or rather both walls of the bladder, were not embraced between them. The finger being withdrawn, and a catheter introduced, the urine at once flowed through it, showing conclusively that this was the bladder, and that the finger had been passed through the dilated urethra. The finger being now introduced again as before, and a finger of the other hand passed into the rectum, no traces of vagina or uterus could be found; while the fore-finger of the left hand in the rectum could be

hooked, as it were, into the cul de sac of the peritoneum, and this dragged down nearly to the anus.

From the result of this examination, it was at once evident that no surgical operation could be of any benefit. Dr. Warren was disposed, however, to keep her under observation until the next menstrual effort; which, according to the patient's account, took place monthly, and was announced by pain in the back lasting four or five days. In case any rudiment of the uterus existed, it was thought probable it would be manifested at that time. She was therefore advised to remain in the Hospital to afford further observation of the case.

At the stated period, the usual pains came on at the lower part of the back and loins. On the second day she was again placed under the influence of ether, and was examined by Drs. Channing, Homans, Gould, Ware, Clarke and Gay. None of these gentlemen could detect the slightest evidence of the uterus, or of any pelvic or abdominal tumor, although the complete muscular relaxation from the ether allowed the finger to be forced high up into the pelvic cavity.

The above case is interesting from the fact, that the patient presented perfect external development, accompanied by the usual sexual feelings, with a complete absence of two of the important organs engaged in the sexual functions. It may be added that no vicarious discharge of any description supplied the place of the menstrual secretion.

The case of a young woman may here be mentioned who consulted Dr. Warren some years since, and who had never menstruated. A sound was passed into the uterus, but no obstruction was detected. This patient had a vicarious bloody discharge from the rectum once in six weeks, lasting some days. Development and sexual feelings were normal.

Occlusion of the Vagina; Retention of the Menstrual Fluid.—Miss A., 16 years old, was first taken about two years since with pains in the back and loins, such as precede the menstrual flux, which did not, however, appear. The pains have been repeated every month since, and have usually lasted three or four days. In January last, Dr. COTTING, of Roxbury, was called to her for a retention of urine, which was relieved by the use of the catheter. The same thing occurred in February and March. In April, while passing the catheter, it was found to encounter a resisting substance, and in order to get it into the bladder it was necessary greatly to depress the handle and elevate the point, to surmount the obstacle. Dr. C. then made a further examination, and discovered a round, hard tumor in the abdomen, and another projection into the rectum.

This patient was seen by Dr. Warren, with Dr. Cotting, on the 26th of April, who confirmed Dr. C.'s opinion as to an occlusion of the vagina, and a great collection of the menstrual fluid in the uterus. It being inconvenient to treat the patient at her own home, it was decided by the friends to send her to the Hospital where she might be under Dr. W.'s care.

Previous to the operation the following were the phenomena elicited by an examination. A cul de sac about half an inch in depth constituted the vagina, at the lower part of which was a white line, or puckering, perhaps a cicatrix, the result of some previous inflamma-

tion. A catheter could not be passed directly into the bladder, as it encountered an elastic substance, and it was necessary to elevate the instrument almost perpendicularly to introduce it into that cavity. In the rectum a large tumor was to be felt, two inches or more from the anus, nearly filling the pelvis. It was almost as hard as a fibrous tumor, and not elastic. A large tumor could be distinguished in the abdomen, extending just above the umbilicus, and the patient said that occasionally she could feel two lateral tumors. During the past month the pains had been incessant, as if for the expulsion of some substance from the body. The sister states, in explanation of the cause of the obliteration, that she had heard the parents say, that for a long time when the child was two or three years old it had been affected by an ulcer in that region.

The patient being etherized, and the bladder emptied, a free transverse incision was made across the cul de sac, and with a little dissection a delicate bladder-like substance was brought into view. Pressure being now made on the abdomen, and the pelvic tumor made tense so as to project through the incision, a large trocar was plunged into the cavity, and at once a thick, tarry fluid began to flow slowly out. The finger was now gradually insinuated, a bistoury introduced, and the opening enlarged so as to leave no feeling of constriction in any direction. The fore-finger being passed freely into the cavity could detect no sac, but the walls of the pelvis could be felt on all sides, the collection of fluid having been so great as to distend the uterus to its utmost capacity, and render its walls so thin that they could scarcely be distinguished. She was placed in bed, and the fluid allowed to escape gradually, which it continued to do during the day. About a quart of fluid escaped, which at once coagulated, expelling but little serum. Dr. ELLIS made the following microscopic observations. "The menstrual fluid removed from the vagina contained epithelium cells: yellow, granular corpuscles, of various sizes; blood globules, evidently recent; and very small, translucent globules with distinct, though pale, outlines." On the following and second days the os uteri was observed to be slowly forming itself, and the thick walls of the uterus could be detected.

The patient is now rapidly recovering.

Dr. H. J. BIGELOW mentioned the case of a young lady who was subject to a monthly feeling of fulness, unaccompanied by any menstrual discharge. On examination, there was found an obliterated vagina, this ending in a cul de sac an inch deep. Dr. B. supposed the uterus to exist, and to be pushed up by a large sac of menstrual fluid. He found that a sound passed into the bladder could be felt in the rectum, for an inch and a half, a membranous wall alone intervening, which proved that the vagina was congenitally obliterated to that extent, and that its two imperforate extremities were at a distance from each other and not in contact. Under these circumstances he advised delay of operation for a time, to ascertain whether the increased distension of the upper sac would not bring it more immediately in contact with the lower cul de sac, and thus render the operation more practicable and safe.

APRIL 27th.—*Discharge from the Vagina of numerous large bodies of Epithelial Formation.* Dr. JACKSON showed the specimens, which were brought to him by Mr. T. H. Gibby, of Nashua, N. H., a member of the late medical class. The patient is about 44 years of age, a

pallid, fleshy, bloated-looking woman, who had never enjoyed good health, exceedingly nervous, and subject to a variety of anomalous and distressing complaints. She was married a few years ago, but never has had sexual intercourse on account of a contracted state of the vagina. Since her marriage she was treated by an empiric for about eighteen months, and used occasionally strong vaginal injections. During this time mainly the bodies referred to were passed, a few having been passed last autumn; the number altogether has been ninety-six. For the first three months, they came away with regularity once a month; afterward more frequently, and at last several were passed in a week. The three or four specimens shown to the Society, look much as if they might be casts of the interior of the fundus and body of the uterus, being from about $2\frac{1}{2}$ to 3 inches in length, $1\frac{1}{2}$ inches in width, and from $\frac{1}{4}$ to $\frac{1}{2}$ inch in thickness; rounded at one end, with almost a smooth regularity, but having a rough torn look at the other extremity; the surfaces are nearly regular; they are fleshy to the feel and to the naked eye, and look as if they might consist of packages of thin membranes closely compressed. The first that passed were larger than any that have passed since; but the specimens now shown are of about the average size. These last are quite opaque and have somewhat of a reddish discoloration, being, as the patient says, stained by the injections that she has used; she reports them, however, as having a pearly, semi-transparent appearance when passed.

Menstruation in this case commenced at the age of 19, has been generally more or less irregular, and has been entirely absent since about two years before the discharge of the bodies just described. She had had much dysuria for many years, with bearing-down lumbar pain, but not much leucorrhœa.

Dr. SHAW stated that these masses were composed of epithelium, such as is found lining the vagina, viz., large nucleated scales. Each layer was of about the thickness of a lettuce leaf, and much resembled this plant in being dark colored externally and lighter internally. What change, however, had been effected by the spirit in which they had been preserved, is unknown. There were apparently several layers, reflected upon themselves in all directions, but it is not impossible that they might have been resolved into one. The masses were flat, rounded and smooth at one extremity, and presented the free, rough ends of the layers at the other—in form like the vagina. A fragment of lymph imbedding pus-corpuscles was traced from the surface of one into its interior. Upon chemical examination they likewise proved to be animal growths.

Dr. BACON stated that the chemical re-actions prove the absence of cellulose, of which vegetable cellular tissue is composed; and indicate that the substance is albuminous, or belongs to the so-called protein group of bodies. As the albuminous bodies in plants never form cell-walls, and the substance in question has the microscopic characters of epithelial tissue, which is albuminous, there can be no doubt of its animal origin.

Bibliographical Notices.

The Physiological Anatomy and Physiology of Man.—By ROB'T BENTLY TODD, M.D., F.R.S., Prof. of Physiology in King's College, London; and WILLIAM BOWMAN, F.R.S., Demonstrator of Anatomy in King's College, London. Philadelphia: Blanchard and Lea. 1857. 8vo. pp. 900.

It is always a pleasure to receive, to read, to notice, to commend a genuine book. And such a book is this before us, which, after twelve years waiting, has at length crowned its tardy pages with the *Finis* and the Index.

It may be asked what we mean by a genuine book. Let us say, in the first place, what we do not mean. We do not mean one which is written by a teacher because he knows he can turn an honest penny by making his class buy it. Nor one which is put together of old materials for the sake of the advertisement afforded by its title page. Still less one, which, having been so patched up by some foreign drudge, is caught at by an "American Editor," who having added thereto a note of interrogation in brackets, a "Qu. ? Am. Ed.," a questionable item from a German Journal (quoted from the *Periscope* of a well-known Reprint)—a Preface, large-typed and double-leaded, and finally the Editorial Name, is paraded before as in that pale or peppered sheepskin which is the chosen livery of these parasites—the acari bred by the itching palms of publishers, the guinea-worms that have so burrowed into our Medical Literature.

A genuine book is one written by a man (*ou autre*) because he knows something worth telling that has not been told. Of twenty books or of twenty professorial lectures, possibly one may meet this definition. In all the others, the writer or speaker does not write or speak because he knows, but knows solely in order that he may write or speak. The *vis a tergo* is to the *vis a fronte* in the ratio of one to twenty. Teachers who are also authors are particularly given to be thus dragged into book-making by their position, instead of being pushed into it by the stores they have heaped up and must get rid of. It is a comfort to lift a book as heavy as this one, and to feel that every page is full of honest investigation and sound thought. It is a delight to have such a noble work without any parasitical addenda clinging to it—no pediculus in the title page—no pulex in the shape of a teasing foot-note—no ascaris in the form of an appendix. Twelve years of labor spent by two true men, observers and thinkers, did not require twelve hours revision to fit their product for the eyes of American readers. Physiology and anatomy do not grow so much older in a fortnight, that the sheets printed in London are obsolete when they arrive at New York. A few degrees of longitude and latitude do not change the laws of life, as they do (or ought to) the laws of light in Mr. Hedgecock's quadrant.

The Roman severity of the preceding passages comes less ungraciously when a guileless book is before our critical tribunal, than if we had a shameless offender in hand. Besides, we can make allowances. We do not affirm that it is always and necessarily an outrage to ride on the croup of a horse that another man has caught and saddled and mounted. We confess to having held hard upon the tail of a mule in

ascending the side of Mont Blanc, having no beast to stride, and being scant o' breath, like Hamlet. And so, in climbing "the steep where Fame's proud temple," and so forth, it may be allowable to ride double if there is a good chance to jump up behind a well-seated rider, or even to catch hold of any caudate celebrity within reach, and thus "tail" our way up to immortality. We do not say we should not under any circumstances do it, nor that we may not have done it. None the less are we grateful for this fair title-page and these unannotated paragraphs.

Besides several treatises first published in this country, and innumerable compilations of all grades of completeness and adaptation to popular wants, we have three English works on physiology naturalized among us. These are the *Manual of Kirkes and Paget*, the larger *Treatise of Carpenter*, and the work before us.

The excellence of the first is in its compactness, its clearness, and its carefully cited authorities. It is the most convenient of text-books. Teachers soon learn to stick to the essentials, as our lost medical hero tells us that he came at last to a fur bag and a ball of walrus-meat for his sledging outfit. These gentlemen, Messrs. Kirkes and Paget, have really an immense talent for silence, which is not so common or so cheap as prating people fancy. They have the gift of telling us what we want to know, without thinking it necessary to tell us all they know. Their book is rather short as a compendium of a great science, it is true—so were Boerhaave's *Institutes of Medicine*, and yet Van Swieten wrote volumes on them, and the world of medical scholars flocked to Leyden to sit at their author's feet. The worst of this and of all these school-books and manuals is, that they fall behind-hand in a few years, and are never brought well up to the time in second and subsequent editions. The plain truth is, we suppose, that they are stereotyped, and it is a trouble to make any important alterations.

Dr. Carpenter began with a *Treatise*, and has ended with a *Cyclopedia*. Stratum after stratum has been deposited on the original mass, until, at length, we can hardly recognize the primitive formation. The change from the *Lover* to the *Justice* in the "Seven Ages" is hardly greater than that which the genteel young octavo has undergone in passing to its present mediæval corpulence. As a text-book, for recitations, for the purposes of a mere manual, it is spoiled. Full of facts borrowed from comparative anatomy, from botany, from medical practice, large in its aim, philosophical in its spirit, always candid, often original and ingenious, there is too much of argument and of illustration from realms of nature with which the student may be little acquainted, to fit the book for his pocket-companion, unless his pockets are panniers and his memory is a drag-net. To the practitioner and the more advanced student it is of great value as a work for study and consultation, but the tyro is embarrassed by its opulence and perplexed by the multiplicity of questions it suggests. It is only truth to say also that Dr. Carpenter is more a thinker than an observer, and born for an author, as much as for either. He rarely verifies the statements he repeats. He much more frequently illuminates them with the light of new analogies, or suggests inventive trains of thought which others had failed to find in them. He always writes like a well-bred scholar, with dignity, with elegance, with high purpose, with happy turns of language, and felicitous choice or invention of terms.

His books, and especially the "Principles," to which we have specially referred, deserve their popularity at home and with us, and yet leave room for a briefer Manual, like that of Kirkes and Paget, on the one hand, and a work like that which we have before us on the other.

The "Physiological Anatomy and Physiology of Man," of Messrs. Todd and Bowman, indicates by its title one of its peculiar distinctions. It professes to give the details of structure of the parts, the functions of which it describes. And these anatomical descriptions and illustrations are many of them original, and when borrowed bear the marks of having been carefully verified by the authors themselves. The structure of the kidney, for instance, and the account and delineation of the compound papillæ of the tongue, are the fruits of original and fortunate researches. Very many of the illustrations have become classical, as it were, by frequent repetition. The brief sketches of the comparative anatomy of the different organs and systems are given in just the way to make them most serviceable. The student of human physiology, as such, does not wish to be perplexed with all the morphological details that belong to the special student of comparative anatomy. What he wants is a clear notion of the plan of formation of the different organisms, and the essential deviations, degradations or developments of the parts which perform a given office, contrasted with the human typical standard. This is just what these authors have furnished him.

It has pleased us to find repeated references to the illustrious name of Haller. The authors profess to have followed the example of that "Great Master" in giving prominence to the anatomical aspect of their subject. To walk in his footsteps, even at a humble distance, is a pledge of excellence. The "*Elementa Physiologiæ*" stands unrivalled still in the midst of the library of physiological treatises that have succeeded it. The experiments and researches of successive generations of students of nature have cleared up much that was doubtful for Haller, and called in question much that he accepted. The microscope has found a new universe among the atoms, as the telescope has revealed new systems of worlds beyond our constellations. Every student that can get a look through a hundred-franc instrument, may see in clear and unmistakable outline those elements of the living system that were utterly beyond the reach of the Great Master's means of investigation. "*Non ideo tamen quemquam refutavero, qui felicior ea viderit quæ meos veri cupidos oculos fugerunt.*" He is speaking of the blood corpuscles.

"Prophets and kings desired it long,
But did without the sight."

But for all the advances of science, we look in vain through the whole range of medical authorship for any name to place beside that of Haller. No other has combined so much of learning, industry, and capacity for observation, with the graces of a style which lends a charm to all that it touches. Without pretending to approach the great monumental work of the last century, the "Physiological Anatomy" is conceived in the same spirit of combining original research with borrowed erudition. But while Haller swept the whole ocean of medical literature in his exhausting bibliographies and omnivorous footnotes, our authors have very wisely contented themselves with a limited number of well-chosen references. They have written with a thought-

ful consideration for the student, who can rarely command very extensive libraries, and is always too much pressed for time to track his text-book through a long trail of authorities. If the learner would have a wider range of references, he can go to Muller or to Burdach; but for any all-embracing digest of what is known, and a statement of all the sources from which the knowledge is derived, he must wait until a second Haller comes to astonish his century.

We have said or implied enough in praise of this work of the London professors. It is good, not only because it is fresh and sound and clear, but because it is filled with the true spirit of observation. This is what we most need among ourselves. It is remarkable how few contributions have been made in this country to physiological science. We do not forget that Dr. Mitchell followed out many of Dutrochet's interesting experiments. We concede the highest praise to our students of ethnology—to Dr. Morton, Dr. Pickering and their fellow-workers. We accept the labors of such men as Professors Leidy, Wyman, Dalton, as evidence that American science is not necessarily to be an electrotype from that of the other hemisphere. We know that we lost in Dr. Waldo Burnett as enthusiastic and independent a student of nature as any that the older civilizations could send us. But still it is too true that our great want in physiological science is the spirit of observation. We have been nursed on a foreign literature and science. Our native opossums have hardly led a more marsupial existence. We have repeated and aped all the phases of a foreign culture, and hung to its garments with the tenacity of overgrown infants. Our own prehensile-tailed simise could hardly be more imitative or gifted with more flexible and tenacious organs of appropriation. We say this not ill-naturedly, for we believe that the conditions of our society naturally tended to such a result, and we look forward confidently to a great change in the course of another generation. We are just beginning to find out that when a planet is turned over and shows a new side, we must study it in all its aspects without constant reference to the old maps to teach us what we are to see. We are finding out, too, that there is no natural incapacity which obliges us to see with other people's eyes. First came religious emancipation. Then political emancipation followed. Literary and scientific emancipation must come next. Last of all, we cannot help adding, true social freedom, or the thorough independence of daily life, which ought to be the corollary of our republican systems, will come in due time, or our colonization is an *error loci*, and America is no place for white men.

Returning from which anastomotic digression, we assure the American student that the "Physiological Anatomy" will not only teach him facts, but will help to make a man of him. It will teach him that Nature is always new to those who will look at her without borrowing other people's smoked glasses. The only regret we feel at offering it to him, is that we do not make such text-books as this for ourselves, instead of borrowing them from the old country. Patience, however, and we will have them before the heads of our younger brethren have grown white with years—say rather purple with second youth.

O. W. H.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, MAY 14, 1857.

THE SICKNESS AT THE NATIONAL HOTEL.

THE *Evening Transcript* of May 1, publishes a letter from Dr. C. T. Jackson on the subject of the late sickness at the National Hotel at Washington. Dr. Jackson was at Washington in the month of March, and had an opportunity of observing one of the cases daily. From all that he could learn respecting the disease, and from what he witnessed with his own eyes, he is of the opinion that none of the victims were suffering from the effects of mineral poison, but that the symptoms were the result of the inhalation of foul air from the drains of the hotel. There is abundant evidence to show that the air of the house was poisoned by these gaseous emanations, and that the greater portion of the sickness arose from this cause. At the same time we see no reason to doubt that some of the unfortunate inmates of the hotel were actually made sick by minute doses of arsenic. We have conversed with a very intelligent gentleman of this city who was so unlucky as to stop at the National Hotel. He exhibited several of the symptoms of arsenical poisoning, which lasted for many days, while his wife, who was travelling with him, after suffering a short time in a similar manner, was attacked with typhoid fever of the severest form. In this case, it is probable that had the lady been out doors as much as her husband, she might have escaped with only the arsenical symptoms. One thing is certain, that the epidemic is a lamentable example of the effects of neglect of the most obvious hygienic rules; but how long will the example be remembered, except by the victims or their friends?

THE CITY HOSPITAL.

THE following communication cannot fail to command attention, coming as it does from one who is probably better acquainted than any other person with the subject of hospital accommodation in the city. We fully coincide with the opinion of the writer that the new hospital should be wholly free. No increased accommodation is required for paying patients. What we want, is, a hospital for the poor, including lying-in women, and patients with contagious disease, which cannot be admitted into the Mass. General Hospital.

MESSENGERS. EDITORS.—In common with many others in this community, I have felt great interest in the subject of a Free Hospital, now under consideration by the City Government. Not the least doubt exists in my mind of the great importance of the proposed institution. If my own experience had not satisfied me of this, the perusal of the letters of the physicians of the Boston Dispensary, which has been kindly allowed me, would be quite sufficient to remove any doubts on the subject. I am most thoroughly convinced of the immediate pressing necessity of a "free hospital, where those persons among the industrious poor, who from misfortune or lack of employment, are unable to meet the common expenses incident to sickness, shall be received and treated gratuitously." I borrow these words almost exactly from the memorial of the Boston physicians.

Under these circumstances, I have read with much interest the able and elaborate Report of the Joint Special Committee of the City Government presented to the Board of Aldermen, April 17th. I am glad to find so hearty a concurrence on the part of the

City Authorities with the community at large in this important matter. I suppose the establishment of a new hospital may be looked upon as a settled thing. The precise nature of the institution—what class of patients shall be admitted to it—is a matter yet to be determined; and it is upon this subject that I ask permission to occupy a brief space in your pages. I am desirous of doing so, because there are certain passages in the Report which give an erroneous impression as to the sufficiency of existing institutions to meet the wants of certain classes in the community, which ought to be corrected. On page 5 of the Report, I find the following passages.

"Hence, we would not have this a hospital for the reception of the degraded victims of vice and intemperance, or a home for the hopeless pauper; but we would have it regarded as an asylum for the industrious and honest mechanic and laborer, who by sudden injury or disease is temporarily prevented from laboring for the support of himself and family; and who by proper care and medical treatment, may have his sufferings alleviated, and be sooner restored to his health and his family, and enabled to resume his labor.

"We would have it a home, to which the respectable domestic may be sent, when struck down by sickness, whose attic chambers cannot be made comfortable, and who cannot receive the requisite attendance, however well-disposed may be the family in which she resides. We would open its doors to the stranger overtaken by disease, when absent from friends and home, and to all others among the various classes of society who in sickness require that comfort and medical advice which their means and homes cannot afford."

Most persons, on reading the above, would conclude that the provision for the classes alluded to in institutions now existing is quite insufficient, or absolutely nothing. It is this impression which I wish to correct, as it must have an important bearing upon the question of the class of patients for whom a new hospital is required.

I would state, therefore, that during the past year the whole number of applicants for admission to the Mass. General Hospital, who were unable to enter for want of a free bed, was only 88. I am aware that this does not give a fair impression of the number of persons who were in need of hospital assistance, who could not obtain it. Doubtless many, under the feeling that an application for admission would be useless, did not make the attempt. But one class alluded to in the Report, that of *persons suffering from sudden injury*, was most fully provided for. Not a single individual suffering from such a cause, if taken to the Hospital at once—that is, within twelve hours if a resident of Boston, within twenty-four hours if a non-resident—is ever refused admission. During 1856, 202 such patients were admitted. The provision for men suffering from diseases of various kinds is not so ample. Undoubtedly larger accommodation for this important class is needed, and ought to be provided in some way.

The next class referred to in the Report, is that of respectable female domestics, who cannot be made comfortable when sick in the apartments they usually occupy; a class certainly most deserving of charitable consideration. On page 10 of the Report the statement of an eminent and highly respected physician is quoted, to the effect that he is called in the course of each year to many of this class, whose employers are compelled, for want of better accommodation, to send them to the pauper hospital at Deer Island.

This statement deserves attention. The class of patients alluded to, perhaps above all others, is that for which the Mass. General Hospital was intended. They have always been the objects of special consideration on the part of the Trustees, and they constitute a large proportion of those admitted to its privileges. It is certainly a surprise to those conversant with the workings of the institution, to learn that it fails to so great a degree, in the opinion of those whose opinion is so worthy of respect, to meet the wants of so valuable and deserving a class. From the statistics in my possession, I should have come to a very different conclusion. On turning to my record of applications and admissions, I find that during the year 1856, only eleven female applicants were unable to gain admission to the Hospital for want of a free bed; while, on the other hand, of the four hundred and twenty-seven female applicants, one hundred and forty-five of those admitted were domestics. Of the eleven who failed to get admission, four only were domestics; and one of these was a non-resident of Boston. Two of the others had been inmates of the Hospital within a year, one of them for several months. It is quite possible—the evidence of the gentleman referred to would seem to make it certain—that there were during the year many sick female domestics who wished to obtain admittance to the Hospital and did not. This was not because they could not, but because they did not make application. There was scarcely a day during the year when a dozen more of such patients, at least, could not have found accommodation within its walls. It is unjust to urge the plea for a new hospital for such pa-

tients, on the ground of insufficiency of the one now existing, when not even an effort was made to determine the fact. As a general conclusion, then, it is fair to believe, that the class of patients spoken of is amply provided for in the Mass. General Hospital. It is not for them that a new hospital is required.

Another erroneous impression is made use of, on page 6 of the Report, as an argument in favor of a new hospital. The opinion of a valuable city officer, now one of the surgeons of the Mass. General Hospital, given in 1849, is quoted in the following words. "I suppose that more than three fourths of its beds [those of the Mass. Gen. Hospital] are filled with patients from out of town." Now the fact is just the reverse, and was so then. I find, on consulting my record of applications, that of 5,972 applicants during the past five years, 3936, or about two thirds, were residents of Boston.

I have thought it important to make these statements concerning the Report of the Committee, because it has seemed to me that the tendency and whole spirit of the document is such as to lead to the impression that a new hospital is required in Boston, different from that which seems to me to be demanded; and quite different from that petitioned for in the memorial of the Boston physicians, and signed by all of the physicians and surgeons of the Mass. General Hospital, to whom it was presented. A *free hospital*—a *charity hospital*—such as exists in other cities, is needed within the limits of the city proper; one that shall receive all the sick now sent to Deer Island, and many more. The unfortunate laborer suffering from erysipelas, smallpox, fever in any of its forms, acute pulmonary disease—these, and many others now treated imperfectly and unsatisfactorily by our worthy Dispensary physicians, present a claim for speedy relief which should not be suffered to pass unanswered.

S. L. ARNOT,
Admitting Physician of Mass. Gen. Hospital.

HYDRATE OF POTASH.

MESSES. EDITORS,—In the number of your Journal issued April 30th, are a few lines under the head of "Correction," referring to an unintentional statement in the previous number that there is no such thing as hydrate of potash. In the correction it is stated that though there is a hydrate of potash, it "is never employed *internally* in medicine." Now the liquor potassæ (a simple solution of the hydrate) is continually employed as an internal remedy, as all apothecaries are aware, especially those in sea-port towns. The confusion of the hydrate with the hydriodate of potassa, certainly need never occur, were it not for the custom, common with many physicians, of writing for the hydriodate, thus, "R. Hyd. pot., ʒi," and this, as far as the contraction is concerned, might as well refer to the one as to the other. In this connection, if you will allow me, I should like to attract attention to the practice of writing "quinia," and "morphia," for sulphate of quinia and sulphate of morphia, especially as the alkaloid morphia is sometimes written for, when the sulphate is not the article wanted. Recently, "syrup of morphia" is much written for, and although I believe I have searched pretty faithfully, I have been entirely unable to find any formula for it. The English, Irish and Scotch recipes, which now and then find their way to this country, being usually written in good Latin and in accordance with their respective standard pharmaceutical works, are put up in this country without difficulty; but I fear that many of the New England prescriptions would prove unintelligible to a person not familiar with the peculiarities of this region.

A. S. W.

Cambridge, May, 1857.

Health of the City.—Only four deaths from scarlatina were recorded during the past week, being exactly the number for the corresponding week of 1856. The deaths by consumption are also the same for the two weeks. There was a total mortality of 74 last year; thus there appears to be a striking coincidence between the mortality at the present time, and that of the same season a year ago.

Communications Received.—Cases of Puerperal Fever.—Spiritualism.—Transactions of the Providence Medical Association.

Books and Pamphlets Received.—Transactions of the Academy of Science of St. Louis.

Deaths in Boston for the week ending Saturday noon, May 9th, 70. Males, 33—Females, 37—Accident, 2—apoplexy, 3—Inflammation of the brain, 1—cancer in the stomach, 1—consumption, 15—convulsions, 2—crup, 2—colic, 1—dysentery, 2—dropsy in head, 2—drowned, 1—debility, 2—infantile diseases, 5—puerperal, 1—gravel, 1—erysipelas, 1—typhoid fever, 1—scarlet fever, 4—influenza, 1— hæmorrhage of the lungs, 1—intemperance, 2—Inflammation of the lungs, 3—disease of the liver, 2—marasmus, 2—neuralgia, 1—scalded, 1—scrofula, 2—suicide, 2—teething, 3—unknown, 2—whooping cough, 1.
Under 5 years, 28—between 5 and 20 years, 5—between 20 and 40 years, 14—between 40 and 60 years, 16—above 60 years, 7. Born in the United States, 50—Ireland, 14—other places, 6.

SUFFOLK DISTRICT MEDICAL SOCIETY.

MESSRS. EDITORS.—The following is a corrected list of the officers of the Suffolk District Medical Society for 1857, chosen at the annual meeting.

Yours truly,

CHAS. D. HOMANS.

President, Walter Channing; *Vice President*, Henry I. Bowditch; *Secretary*, Charles D. Homans; *Treasurer*, Abraham A. Watson; *Librarian*, William E. Coale; *Supervisors*, Samuel Cabot, William J. Dale; *Commissioner of Trials*, Ephraim Buck.

Councillors of the Mass. Medical Society—Jacob Bigelow, George Hayward, Ephraim Buck, John Ware, John Jeffries, Winslow Lewis, D. H. Storer, John Flint, Charles G. Putnam, Henry Dyer, Abraham A. Watson, Augustus A. Gould, Charles H. Stedman, Ezra Palmer, Jr., George Bartlett, M. S. Perry, J. B. S. Jackson, N. B. Shurtleff, Charles Gordon, Henry G. Clark, Henry I. Bowditch, J. Mason Warren, George A. Bethune, Silas Durkee, Charles Chase, Charles E. Ware, Phineas M. Crane, James Ayer, William E. Coale, John B. Alley.

Censors for Suffolk District.—Phineas M. Crane, Charles G. Putnam, William E. Coale, William W. Morland, Henry W. Williams

Hampden District Medical Society.—At the annual meeting of this Association, held in Springfield, May 5th, the following persons were chosen officers for the ensuing year: Dr. Nathan Adams, of Springfield, *President*; Dr. Thaddeus K. De Wolf, of Chester, *Vice President*; Dr. George A. Ous, of Springfield, *Secretary and Treasurer*; Drs. C. C. Chaffee, Alfred Lambert, T. K. De Wolf, and Alexander McLean, *Councillors*; Drs. David P. Smith and Henry R. Vaille, of Springfield, Wm. Holbrook, of Palmer, Nathaniel Downes, of West Springfield, and Smith, of Monson, *Censors*; Dr. Wm. Bridgman, of Springfield, *Commiss. on Trials*.

Delegate from New Orleans to the Quarantine Convention.—We are pleased to learn from the New Orleans *Daily Creole* of April 25th, that the Mayor of that city has appointed Dr. E. H. Barton as one of the Convention in Philadelphia which was to have assembled yesterday. The *Creole* remarks on this appointment:—"This selection, we cannot but believe, will meet with the general approval of the entire community. The recognition of peculiar fitness in this gentleman is as honorable to the appointing power as to the recipient of the trust."

"In this whole connection we cannot but give expression to the general approval of the action of our Mayor, who has shown a regard for the best interests of this city in recommending a representation in the convention. The prosperity of our commerce and the safety of our citizens are alike objects which this movement aims to secure. It was the act of mere foresight and appreciation of the value of scientific observation, to give this important convention the aid of facts recorded in this city, in the expectation that principles would be established whose beneficial influences would be felt in all future time."

"We have not learned the name of the other delegate, though we doubt not the selection has been dictated by the same intelligence which gave Dr. Barton his present position."

The Dark Side of War.—Colonel Tulloch, one of the two members of the Crimean Board of Inquiry (the other is Sir John McNeill), in a pamphlet recently published, states that the loss from sickness alone, during the winter of 1854-5, in the Crimean army (including what took place at Scutari and during the passage), amounted to thirty-nine per cent. in the infantry, and in eight corps actually amounted to seventy-three per cent.; this being exclusive of men killed in action, or who died of their wounds. By way of contrast it may be mentioned, that, in the naval brigade, which took a prominent part throughout the whole siege, the deaths from sickness were under four per cent. This terrible mortality was four times greater than that which occurred during the Walcheren campaign, whose horrors aroused the indignation of the country, and produced a perfect storm in the Senate. Colonel Tulloch, in eloquent language, points out the causes of this heartless loss of lives: "It was," he says, "no foeman's hand, no blast of pestilence, but from the slow though sure operation of diseases, produced by means, most of which appeared capable, at least, of mitigation."—*North American Medical-Chirurgical Review*.